



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., with eighteen years of experience practicing in the area of therapeutic rehabilitation

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

 X Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

In review of the physical therapy records, psychological evaluation, FCE and other information, the patient's PDL falls into the category which is acceptable for entry into a work hardening program. The sum total of all records does meet the criteria for medical necessity.

INFORMATION PROVIDED FOR REVIEW:

1. 03/09/10, letter of assignment from Forensic Associates, Inc.
2. 02/25/10, TDI fax cover to Forensics, one page
3. 02/25/10, list of documents from, one page
4. 01/28/10, letter to D.O., from D.O., four pages
5. 02/24/10, request for IRO, two pages
6. 02/08/10, letter to from M.D., five pages
7. 02/24/10, TDI confirmation of receipt of request for review, Independent Review Organization, five pages
8. 02/25/10, notice to Forensics of case assignment, one page
9. 01/19/10, Behavioral Medical Solutions, initial mental health status evaluation, four pages
10. 01/19/10, Behavioral Medical Solutions addendum, one page

11. 01/19/10, initial FCE, six pages
12. 01/18/10, Healthworks daily treatment note, two pages
13. 12/28/09, Healthworks exercise sheet, one page
14. 01/27/10, letter to
15. Peer Review by, D.O., four pages
16. 01/25/10, preauthorization request for work hardening from 01/25/10 to 02/25/10, five times a week for two weeks, one page
17. 01/11/10, referral form for return to work program, one page
18. 01/12/10, Behavioral Medical Solutions request for preauthorization, three pages
19. 12/14/09, Spine Specialists draft of current note, one page
20. 05/11/09, Healthworks information page, one page
21. 12/14/09, request for preauthorization of physical therapy services, one page
22. 12/07/09, medical services referral form, return to work program, one page
23. 12/10/09, Healthworks nurse notes, two pages
24. 12/10/09, Healthworks, visit summary, one page
25. 02/08/10, letter to
26. Peer Review by M.D., noncertification of 80 hours of work hardening, five pages

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee was injured while performing job duties at work. The injury was to the low back. He was treated with medications, physical therapy, therapeutic exercise, and surgery. He has had psychotherapy evaluation and work hardening has been recommended. Physical therapy notes document an increase in functionality, but since the injury employee's PDL falls into the heavy category, and his physical therapy left him short of his goal, his provider has recommended work hardening to help him address the remaining issues regarding strength, functionality, and psychological stability. Eighty hours of work hardening was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Initial reviewers cited a lack of prescription by doctor for a work hardening program, lack of physical therapy notes showing progress followed by a plateau, and the lack of appropriate history and medical necessity. In my review of the documents forwarded to me, I found sufficient history of injury and treatment, physical therapy trial, and documented prescription by the physician. The injured employee had initial deficits followed by progress in strength and function. Since the injured employee's PDL falls into a category which the ODG outlines as appropriate for work hardening, and since sufficient documentation was submitted to ____ medical necessity, the decision is overturned.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

____ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.

- ☐ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- ☐ DWC-Division of Workers' Compensation Policies or Guidelines.
- ☐ European Guidelines for Management of Chronic Low Back Pain.
- ☐ Interqual Criteria.
- ☒ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- ☐ Mercy Center Consensus Conference Guidelines.
- ☐ Milliman Care Guidelines.
- ☒ ODG-Official Disability Guidelines & Treatment Guidelines.
- ☐ Pressley Reed, The Medical Disability Advisor.
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- ☐ Texas TACADA Guidelines.
- ☐ TMF Screening Criteria Manual.
- ☐ Peer reviewed national accepted medical literature (provide a description).
- ☐ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)